



# HOUSE OF REPRESENTATIVES

HB 2264

insurance; prescription eye drops; refills

Prime Sponsor: Representative Brophy McGee, LD 28

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**DPA** Committee on Health

**DPA** Caucus and COW

**X** House Engrossed

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## OVERVIEW

HB 2264 prohibits a corporation, a health care services organization, a disability insurer or a group or blanket disability insurer that provides coverage for prescriptions of eye drops to treat glaucoma or ocular hypertension from denying coverage for a refill of a prescription for eye drops to treat glaucoma or ocular hypertension when all conditions are met.

## PROVISIONS

1. States that beginning January 1, 2018 any contract by a corporation, any evidence of coverage by a health care services organization, any policy by a disability insurer or any policy by a group or blanket disability insurer that is issued, delivered or renewed on or after the effective date of this section and provides coverage for prescription eye drops to treat glaucoma or ocular hypertension may not deny coverage for a refill of a prescription for eye drops to treat glaucoma or ocular hypertension if all of the following apply:
  - a. The subscriber, enrollee or insured requests the refill:
    - i. For a 30 day supply, at least 23 days and less than 30 days from the later of:
      - The original date that the prescription was distributed to the subscriber, the enrollee or the insured; or
      - The date of the most recent refill that was distributed to the subscriber, the enrollee or the insured.
    - ii. For a 60 day supply, at least 45 days and less than 60 days from the later of:
      - The original date that the prescription was distributed to the subscriber, the enrollee or the insured; or
      - The date of the most recent refill that was distributed to the subscriber, the enrollee or the insured.
    - iii. For a 90 day supply, at least 68 days and less than 90 days from the later of:
      - The original date that the prescription was distributed to the subscriber, the enrollee or the insured; or
      - The date of the most recent refill that was distributed to the subscriber, the enrollee or the insured.
  - b. The prescription eye drops to treat glaucoma or ocular hypertension prescribed by the health care provider are a covered benefit under the subscriber's, enrollee's or insured's contract;
  - c. The prescribing health care provider indicates on the original prescription that additional quantities of the prescription eye drops to treat glaucoma or ocular hypertension are needed; and

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- d. The refill requested by the subscriber, the enrollee or the insured does not exceed the number of additional quantities prescribed.
- 2. States to the extent practicable, the requirements of this section are limited in quantity to the remaining dosage initially approved for coverage, except that any limited refilling may not limit or restrict coverage to any previously or subsequently approved prescription eye drops to treat glaucoma or ocular hypertension and is subject to the terms and conditions of the contract, evidence of coverage or policy that are applicable to the coverage.

### **CURRENT LAW**

Not currently addressed in statute.